HMIS Paper Discharge Form

Name _____ **Birth Date**: ____ / ____ / _____ ***Discharge Date**: ____ / ____ / _____

***Reason for Discharge**

- **O** Left for a housing opportunity before completing program
- **O** Completed Program
- **O** Non-payment of rent/occupancy charge
- **O** Non-compliance with project
- **O** Criminal activity/destruction of property/violence
- **O** Reached maximum time allowed in project
- **O** Needs could not be met by project
- **O** Disagreement with rules/persons
- **O** Death
- **O** Other
- **O** Unknown/Disappeared

*** Income Received in Past 30 Days?** **O** No **O** Yes **O** Don't Know **O** Refused If "Yes", check off all that apply and list amounts:

☐ Earned Income:	$_____	☐ Unemployment Benefits:	$_____	☐ Veteran's Pension:	$_____
☐ SSI:	$_____	☐ SSDI:	$_____	☐ Pension from a Former Job:	$_____
☐ Veteran's Disability Payment:	$_____	☐ Private Disability Insurance:	$_____	☐ Alimony / Spousal Support:	$_____
☐ Worker's Compensation:	$_____	☐ TANF:	$_____	☐ Child Support	$_____
☐ General Public Assistance:	$_____	☐ Retirement Income from SSA:	$_____	☐ Other	$_____

*** Non-Cash Benefits Received in Past 30 Days?** **O** No **O** Yes **O** Don't Know **O** Refused If "Yes", check off all that apply:

☐ SNAP (Food Stamps)	☐ MEDICAID health insurance	☐ Temporary Rental Assistance
☐ MEDICARE health insurance	☐ State Children's Health Insurance Program	☐ Other Source
☐ Supplemental Nutrition Program (WIC)	☐ Veteran's Administration Medial Services	
☐ TANF Child-Care Services	☐ TANF Transportation Service	
☐ Other TANF-Funded Services	☐ Section 8, Public Housing, or other ongoing rental assistance	

Special Needs	Does the client have this condition:	If Yes, did the client receive services/treatment while in the program?
*** Physical Disability:**	**O** Yes **O** No **O** Don't Know **O** Refused	> **O** Yes **O** No **O** Don't Know **O** Refused
*** Developmental Disability:**	**O** Yes **O** No **O** Don't Know **O** Refused	> **O** Yes **O** No **O** Don't Know **O** Refused
*** Chronic Health Condition:**	**O** Yes **O** No **O** Don't Know **O** Refused	> **O** Yes **O** No **O** Don't Know **O** Refused
*** HIV / AIDS:**	**O** Yes **O** No **O** Don't Know **O** Refused	> **O** Yes **O** No **O** Don't Know **O** Refused Is this a serious disability*:
*** Mental Health:**	**O** Yes **O** No **O** Don't Know **O** Refused	> **O** Yes **O** No **O** Don't Know **O** Refused > **O** Y **O** N **O** Don't Know **O** Refused
*** Substance Abuse Problem:**	**O** Yes **O** No **O** Don't Know **O** Refused	> **O** Yes **O** No **O** Don't Know **O** Refused > **O** Y **O** N **O** Don't Know **O** Refused
	If "Yes" select type: **O** Alcohol Abuse **O** Drug Abuse **O** Both Drug & Alcohol Abuse	

* Note: A serious disability is expected to be of a long-continued and indefinite duration and substantially impair the client's ability to live independently. The client may have special needs that do not qualify as disabling conditions.

*** New Residence Setting**

- O Emergency Shelter, including hotel or motel paid for with an emergency shelter voucher
- O Transitional housing for homeless persons
- O Permanent supportive housing for formerly homeless persons
- O Psychiatric hospital or other psychiatric facility
- O Substance abuse treatment facility or detox center
- O Hospital (non-psychiatric facility)
- O Jail, prison or juvenile detention facility
- O Staying or living in a family member's room, apartment, or house
- O Staying or living in a friend's room, apartment, or house
- O Hotel or motel paid for without emergency shelter voucher
- O Foster care home or foster care group home
- O Place not meant for habitation (e.g., vehicle, abandoned building, bus/train station or anywhere outside)
- O Safe Haven
- O Rental by Client, with Veterans Admin housing subsidy (VASH)
- O Rental by Client, with other housing subsidy (non-VASH)
- O Rental by client, no housing subsidy
- O Owned by client, with housing subsidy
- O Owned by client, no housing subsidy
- O Other
- O Deceased
- O Don't Know
- O Refused

***Housing Status at Discharge:**

- O Literally Homeless
- O Imminently losing their housing
- O Unstably Housed and at-risk of losing their housing
- O Stably Housed
- O Don't Know
- O Refused

***New Residence County:**

- O Indiana County: _____
- O Outside Indiana
- O Unknown

City/Town of New Residence:

_____, ____

Township of New Residence:

Employed at Time of Discharge:

- O Yes
- O No

Enrolled in School at Time of Discharge:

- O Yes
- O No

Highest Level of School Completed at Discharge:

- O No schooling competed
- O Nursery school to 4th grade
- O 5th or 6th grade
- O 7th or 8th grade
- O 9th grade
- O 10th grade
- O 11th grade
- O 12th grade - No Diploma
- O High School Diploma
- O GED
- O Post-Secondary School

Outcome Category:

- O Graduation
- O Service Refusal / Drop Out
- O Transfer to Similar Program
- O Medical Complications / Deceased
- O Suicide
- O Other Neutral
- O Other Negative
- O Incarceration
- O Long-term Psych. Hospitalization

Discharged To: _____
(In HPRP Programs, please list the client's new address and phone number).

Discharge Summary: (describe why the client was discharged)

This form may be modified to add additional questions, however the content of the existing questions should not be changed.
Instructional material and definitions for all questions can be found on our website: http://www.in.gov/ihcda/3120.htm